

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:38 am, Feb 20, 2015 Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file. DATE OF INSPECTION ALCO SENSOR IV SN PRINTER SN 02/13/2015

108391				099.358	6.818				02/13/	2015	
LOCATION OF INSTRUMENT (STREET AND CITY) 600 EAST WALNUT COLUMBIA, MISSOURI								TIME OF INSPECTION 7:35 pm			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.											
✓ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)											
✓ TEMPERATU	TEMPERATURE OF ALCO SENSOR (10°C - 40°C)										
PRINTER WO	PRINTER WORKING PROPERLY										
☑ TIME AND DATE DISPLAYING PROPERLY											
BREATH ALCOH	OL ACC	URACY ST	TANDAR	DS							
SIMULATOR	SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE										
☑ STANDARD S	SUPPLI	R INTOX	IMETER	RS INC.	L	OT # AG4149	902	EXP. DATE	05/29/2	2016	
SIMULATOR	TEMPE	RATURE (3	34°C ± 0.	2°C)	SIM	ULATOR SN _		SIMU	_ATOR E	XP DATE	
CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE											
TEST 1 🕶 .102				TEST 2 🖝 .10	02			TEST 3 🖝 .10)1		
RFI DETECTO	OR OPE	RATING									
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)											
	1	(004)	0	(.0509)	0	(.10 .11)	0	(.1519)	4	(OVER .19)	1
List any new parts	s and de	escribe anv	alteration	n or modificat	ion that v	was made to r	estore	the instrument	to operat	te satisfactorily	and within

established limits (use other side if necessary).

INSPECTING OFFICER	
SIGNATURE	PRINT NAME
1 0000	SCOTT LENGER
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
240278 / 06/13/2016	(573) 874-7652
	La Cilla della card Carriera Carriera Carriera District Office

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office

2875 James Boulevard Poplar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc.

2081 Craig Road St. Louis, Mo 63146 Test Date: 2-Jun-2014

Lot # AG414902

Exp. Date

Cyl. Type

Component

Certified Concentration

29-May-2016

55

Ethanol Nitrogen

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2014.06.03 09:10:02 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 108391 Version no: 532B AS IV Serial no: 108391 Version no: 532B TEST RECORD 00193 9/ TEST RECORD 00195 Time 210L Temp Date Temp Date Time 219L Air Blank: 02/13/15 19:37 .000 Air Blank: Calibration Check: 02/13/15 19:40 .000 19 02/13/15 19:37 .102 Calibration Check: 21 02/13/15 19:40 .101 Subject Name 1657# Subject Name Subject I.D. Subject I.D. Operator Name, I.D. LONGER # 2098 Operator Name, I.D. Join Lowson # Location CRD Location AS IV Serial no: 108391 AS IV Serial no: 108391 Version no: 532B Version no: 532B TEST RECORD 00194 TEST RECORD 00196 Temp Date Time 210L Time 210L Temp Date Air Blank: 02/13/15 19:38 .000 VOID: RFI Calibration Check: 12 02/13/15 19:40 20 02/13/15 19:38 .102 Subject Name Subject Mame Subject I.D. Subject I.D. Operator Name: I.D. Operator Name: I.D. LONGON # 2098 Scott LONGON # 2098 Location Location CPD